

# MY MEDICATION-RELATED ACTION PLAN

<b>Patient:</b>	
<b>Doctor (Phone):</b>	
<b>Pharmacy/Pharmacist (Phone):</b>	
<b>Date Prepared:</b>	

The list below has important **Action Steps** to help you get the most from your medications. Follow the checklist to help you work with your pharmacist and doctor to manage your medications **AND** make notes of your actions next to each item on your list.

Action Steps ➔ What I need to do...	Notes ➔ What I did and when I did it...
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

**My Next Appointment with My Pharmacist is on:** \_\_\_\_\_ (date) at \_\_\_\_\_  AM  PM

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